

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

"Building Partnerships - Building Communities"

ZONING CONDITIONAL USE PERMIT APPLICATION

(1)-10-00

(Proposing a use such as a Bed & Breakfast or Campground)

KITTITAS COUNTY ENCOURAGES THE USE OF PRE-APPLICATION MEETINGS. PLEASE CONTACT COMMUNITY DEVELOPMENT SERVICES TO SET UP A PRE-APPLICATION MEETING TO DISCUSS A PROPOSED PROJECT.

PLEASE TYPE OR PRINT CLEARLY IN INK. ATTACH ADDITIONAL SHEETS AS NECESSARY. PURSUANT TO KCC 15A.03.030, A COMPLETE APPLICATION IS DETERMINED WITHIN 28 DAYS OF RECEIPT OF THE APPLICATION SUBMITTAL PACKET AND FEE. THE FOLLOWING ITEMS MUST BE ATTACHED TO THE APPLICATION PACKET:

REQUIRED ATTACHMENTS

ADDRESS LIST OF ALL LANDOWNERS WITHIN 500 FEET OF THE SUBJECT PARCEL(S). IF ADJOINING PARCELS ARE OWNED BY THE APPLICANT, THEN THE 500 FOOT AREA SHALL EXTEND FROM THE FARTHEST PARCEL. IF THE PARCEL IS WITHIN A SUBDIVISION WITH A HOMEOWNERS' OR ROAD ASSOCIATION, PLEASE INCLUDE THE MAILING ADDRESS OF THE ASSOCIATION.

SITE PLAN OF THE PROPERTY WITH ALL PROPOSED BUILDINGS POINTS OF ACCESS, ROADS, PARKING AREAS, SEPTIC TANK, DRAINFIELD, DRAINFIELD REPLACEMENT AREA, AREAS TO BE CUT AND/OR FILLED, NATURAL FEATURES SUCH AS CONTOURS, STREAMS, GULLIES, CLIFFS, ETC.

□ SEPA CHECKLIST (UNLESS EXEMPT)

APPLICATION FEE:

\$2,030.00 (\$1,560 fee + \$470 SEPA) for Community Development Services

\$130.00 for Fire Marshal

(One check made payable to KCCDS)

*Accessory Dwelling Units and Special Care Dwellings are exempt from SEPA***

FOR STAFF USE ONLY

APPLICATION RECEIVED BY: (CDS STAPT SIGNATURE)

NOTES:

RECEIPT #

1.	Name, mailing address and day phone of land owner(s) of record: Landowner(s) signature(s) required on application form.	
	Name:	Louie Gibson
	Mailing Address:	1221 S. Thorp Huy
	City/State/ZIP:	Ellensburg wa 98926
	Day Time Phone:	509-728-8605
	Email Address:	gibson cellteline
2.	Name, mailing address If an authorized agent is for application submitta	and day phone of authorized agent, if different from land owner of record: s indicated, then the authorized agent's signature is required is.
	Agent Name:	
	Mailing Address:	
	City/State/ZIP:	
	Day Time Phone:	
	Email Address:	
3.	Street address of prope	rty:
	Address:	
	City/State/ZIP:	
4.	Legal description of pro	Section & TITN R 20 EWN
5.	Tax parcel number:	7-20-08040-0011,17-20-08010-0003,0004
6.	Property size:	(acres)
7.	location, water supply, s	ription: Please include the following information in your description: describe project size, sewage disposal and all qualitative features of the proposal; include every element of the on (be specific, attach additional sheets as necessary):
ten Pri	Ject for	John Miller CUP, 15541 Dov. 18, 1997 rock Crushing, Screening, washing concrete and asphalt, on a current of Busics. And recycle concrete,

8.	Provision of the zoning code applicable: \(\tag{1.29.030}	
9.	A conditional use permit may be granted when the following criteria are met. Please describe <u>in detail</u> how each criteria is met for this particular project (attach additional sheets as necessary):	
PO	A. The proposed use is essential or desirable to the public convenience and not detrimental or injurious to the public health, peace, or safety or to the character of the surrounding neighborhood.	
	B. The proposed use at the proposed location will not be unreasonably detrimental to the economic welfare of the county and that it will not create excessive public cost for facilities and services by finding that (1) it will be adequately serviced by existing facilities such as highways, roads, police and fire protection, irrigation and drainage structures, refuse disposal, water and sewers, and schools; or (2) that the applicant shall provide such facilities; or (3) demonstrate that the proposed use will be of sufficient economic benefit to offset additional public costs or economic detriment.	
10.	Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.	
All corr	espondence and notices will be mailed to the Land Owner of Record and copies sent to the authorized agent.	
	re of Authorized Agent: **Date:** **IRED if indicated on application** **Date:** **Date:* **Date:** **Date:* *	
X		
	re of Land Owner of Record IRED for application submittal): Our home of Control Date:	

CDS FORMS\PLANNING\LAND USE APP\LAND USE MAY 1, 2009\CONDITIONAL USE PERMIT APP UPDATED: 5/1/09